

Application for an Individual VA Professional Provider Number for Billing

Directions: Please fill out and attach this form to the Authorization for Billing (AFB) when adding a provider to your Professional Group. This would only be used for those providers who do not already have billing privileges with Highmark.

Complete the following information pertaining to the Assignment Account

VA Pittsburgh Healthcare System		
Assignment Account Name	Assignment Account Number	
University Drive C	251-723-912	1811947815
Location (PO Box will not be accepted)	IRS ID #	Group NPI
Pittsburgh, PA 15240	(412) 954-4400	
City, State and Zip Code	Office Telephone Number	

Complete the following information on the provider being added to this Assignment Account

Provider's Last Name	Provider's First Name	Degree		
Provider's NPI	Provider's Specialty	Medical License #	State	Exp. Date
City, State and Zip Code	()		Office Telephone Number	


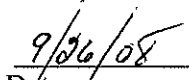
Does this practitioner currently practice at another location? ☐ Yes ☐ No

IMPORTANT

When presenting this form with the intent of adding the above named provider to the above listed Assignment Account, you are agreeing to the stipulations set forth within the Memorandum of Understanding agreed upon with Highmark for billing standards and allowances. This provider will be issued a billing number under his/her individual name and will be shown as associated with your group.

This number will only be valid for the purpose of billing as a professional provider rendering services at your Veteran's Administration Facility. Please ensure that we are informed promptly once a provider is no longer associated with your facility.

The signature of an authorized representative is required to process this request.

	
Authorized Representative's Signature	Date



Request for Addition / Deletion To Existing Assignment Account

** Note: For additional practice addresses or address changes, complete "Change of Address Form" (9112).

Name of account VA Pittsburgh Healthcare System Group account number _____

IRS number 251723912 Type 2 (Group) National Provider Identifier (NPI) 1811947815

Main Practice Address** University Drive C Specialty Acute Care Hospital

Pittsburgh, PA 15240

Effective date of change 07/22/2008

Telephone number (412) 954-4400 Fax number (412) 954-4410

Provider name (Typed or printed)	Provider number	Social Security number	Type 1 (Individual) NPI	Provider signature (Required for additions)	Provider specialty (For additions)	Indicate Add Delete ① ②
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

① By my signature, I, as a member of this account, fully agree to abide by the requirements listed on the reverse side of this form.

② Deletions - Please provide the following information for providers being deleted from the assignment account:

Provider name (Typed or printed)	Provider number	New address	New telephone number
_____	_____	_____	()
_____	_____	_____	()

Mail to: Provider Information Management
 PO Box 898842
 Camp Hill, PA 17089-8842

Fax to: (800) 236-8641

Assignment Account Requirements

1. We hereby agree to only bill those services performed by providers in our account as called for in our written contractual arrangement with Highmark and its subsidiaries.
2. We certify that each member agrees to assign his or her fee to the group account.
3. We agree that every claim submitted to Highmark will include the provider number of the individual provider who actually performed the service. (Place in Block 24K of the claim form.)
4. We agree that the account and each individual member will be jointly and severally liable for any overpayment that the account receives.
5. We agree to notify Highmark, in writing, of any subsequent changes in the membership of the account prior to the effective date of each change.
6. We agree to inform Highmark of any change in the group's contractual arrangements that would necessitate Highmark payments to be made to some entity other than that designated in this assignment account application.
7. We have carefully reviewed the forms and applications associated with the establishment of this assignment account, and each member has verified the accuracy and completeness of all information provided.
8. We agree to be bound by the terms and conditions of either the KHPW Primary Care Physician Agreement or the KHPW Health Care Specialist Provider Agreement or both, or the KHPW Behavioral Health Care Specialist Provider Agreement, as applicable. **We understand that individual KHPW providers must complete and receive approval of their credentialing application prior to rendering services to KHPW members.**
9. We understand that for certain networks all individual providers in the group must have the same network status to be added to the groups. Providers may not be added to a group if they have not completed the credentialing process.
10. Services performed by non-credentialed employed mid-level provider types, i.e. Physician Assistants, CRNPs, etc., listed on the assignment account, are only reimbursable under Medicare Advantage programs, such as SecurityBlue. Any payment made, either to the group or individual mid-level provider, for services performed on persons not enrolled in a Medicare Advantage program shall be refundable to Highmark Inc. within 30 days of payment by Highmark. If the amount is not so repaid, Highmark shall withhold the amount from future payments due the provider group or individual provider.

On behalf of the group, I verify that all members have reviewed and agree to all assignment account requirements, all applicable network contracts and regulations.



Signature of authorized representative of group

Date

Manager, Patients Accounts

Title

(412) 954-4400

Telephone number